



07-19-04

IFW

Modified 02-03

PTO/SB/21 (01-03)  
Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

jam

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application / Conf. No.	10/800,042 /
	Filing Date	March 12, 2004
	First Named Inventor	David A. Knol
	Examiner Name	Unknown
	Art Unit	Unknown
	Patent No.	
Mail Stop:		
Express Mail Receipt No.		
Total Number of Pages in This Submission		Attorney Docket Number X-1862-1P US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	Statement Under 37 CFR 3.73(b) Copy of Assignment (2 pages)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

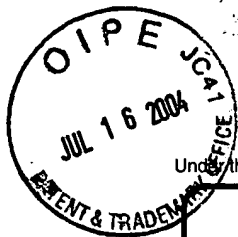
Firm or Customer Number	24309 (Customer Number)		Reg. Number 51,959
Attn:	Kim Kanzaki		
Signature			
Date	July 16, 2004	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being sent Via Facsimile to the U. S. Patent Office, attention to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: July 16, 2004		
Typed or Printed Name	Julie Matthews	
Signature		Date July 16, 2004

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

EV000336821US



jam

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application / Conf. No.	10/800,042 /
Filing Date	March 12, 2004
First Named Inventor	David A. Knol
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	X-1862-1P US

I hereby appoint:

☒ Practitioners at Customer Number**24309****Place Customer  
Number Bar Code  
Label here****OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**

<input type="checkbox"/> Firm or Individual Name	Kim Kanzaki	Reg. Number	37,652
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

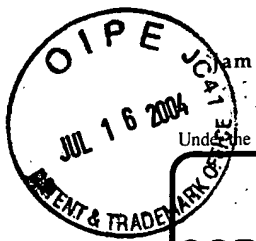
I am the:


☐ Applicant/inventor.☒ Assignee of record of the entire interest. See CFR 3.71  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name	Thomas R. Lavelle, VP, Secretary
Signature	
Date	July 16, 2004

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/122 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>  <i>Application</i>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	Application / Conf. No.	10/800,042 /
	Filing Date	March 12, 2004
	First Named Inventor	David A. Knol
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	X-1862-1P US

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number

**24309**

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

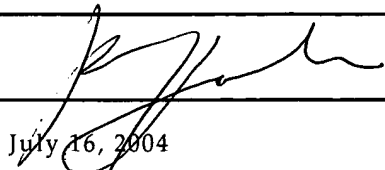
OR

<input type="checkbox"/> Firm or Individual Name	Kim Kanzaki			Reg. Number 37,652	
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed Name	Kim Kanzaki	Reg. Number	37,652
Signature			
Date	July 16, 2004		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Assignor/Inventor/Owner:

Xilinx, Inc.

Application No./Patent No.:

10/800,042

Filed/Issue Date:

March 12, 2004Entitled: Data Structures For Representing The Logical And Physical Information Of An Integrated CircuitXilinx, Inc.

, a

Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

July 16, 2004

Date

Signature

Thomas R. Lavelle

Typed or printed name

Secretary

Title

X-1862-1P US

ASSIGNMENT

For good and valuable consideration, receipt of which is hereby acknowledged, I/we

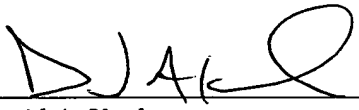
David A. Knol of 7092 Coral Gable Circle, San Jose, California 95139  
Salil Ravindra Raje of 882 Kiperash Court, San Jose, California 95133

hereby sell, assign and transfer to **Xilinx, Inc., a Delaware corporation**, having a place of business at **2100 Logic Drive, San Jose, California 95124**, its successors and assigns, the entire right, title and interest throughout the world in our invention

**Data Structures For Representing The Logical And Physical Information Of An Integrated Circuit**

for which I/we will execute a United States patent application on or about the date of this assignment, and all patent applications and patents of every country for said invention, including divisions, reissues, continuations and extensions thereof, and all rights of priority resulting from the filing of said applications; I/we authorize the above-named assignee to apply for patents of foreign countries for said invention, and to claim all rights of priority without further authorization from me/us; I/we agree to execute all papers useful in connection with said United States and foreign applications, and generally to do everything possible to aid said assignee, its successors, assigns and nominees, at its request and expense, in obtaining and enforcing patents for said invention in all countries; and I/we request the Commissioner of Patents and Trademarks to issue all patents granted for said invention to the above-named assignee, its successors and assigns.

Executed this 14<sup>th</sup> day of July, 2004.

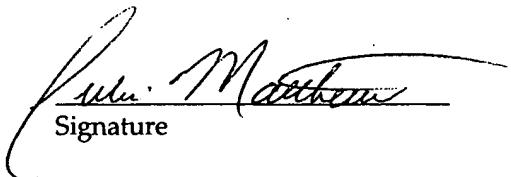
  
 \_\_\_\_\_  
 David A. Knol

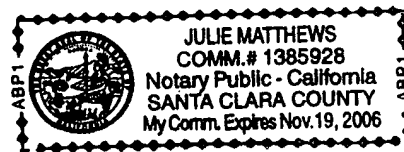
State of California )  
 County of Santa Clara )

CAPACITY CLAIMED BY SIGNER  
☒ oneself/themselves

On July 14, 2004 before me, Julie Matthews, Notary Public, personally appeared David A. Knol ~~[ ] personally known to me or~~ ☒ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
 \_\_\_\_\_  
 Signature



Executed this 14<sup>th</sup> day of July, 2004.

S. R. Raje

Salil Ravindra Raje

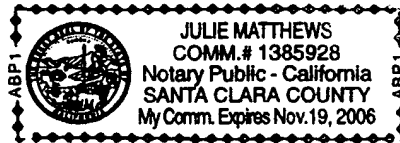
State of California )  
County of Santa Clara )

CAPACITY CLAIMED BY SIGNER  
[ X ] oneself/themselves

On July 14, 2004 before me, Julie Matthews, Notary Public, personally appeared Salil Ravindra Raje ☒ personally known to me or -- ☐ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Julie Matthews  
Signature



KK:jam